

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

09/684883

CLAIMS

AS FILED

AFTER 1st AMENDMENT

AFTER 2nd AMENDMENT

IND. DEP.

IND. DEP.

IND. DEP.

IND. DEP.

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TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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